



# Endow Mississippi Program Application For Tax Credit

Applicant: Please fill out shaded sections and forward to your community foundation.

Legal Name of Taxpayer		Federal EIN or SSN		CFNM - 26 - ____ Alliance File Number	
Street Address or Post Office Box Number				Daytime Phone      Fax Number (optional)	
City      County      State      Zip Code					
Contact Person (if different from above)      Title      E-mail Address					
Type of Taxpayer <input type="checkbox"/> Individual <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership or Entity <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____					
Date Application Received		Time Received <input type="checkbox"/> AM <input type="checkbox"/> PM		\$ _____ Amount of Endowment Gift	
				\$ _____ Amount of Tax Credit Requested	
Community Foundation of Northwest Mississippi		9 4 3 4 2 1 7 2 4		662-449-5002	
Name of Community Foundation Receiving Endowment Gift		Federal EIN		Daytime Phone	
315 Losher St, Suite 100				Keith Fulcher	
Street Address or Post Office Box Number				Contact Person	
Hernando      DeSoto      MS      38632				kfulcher@cfnm.org	
City      County      State      Zip Code				Email Address	
Name of Fund Receiving Endowment Gift			Purpose of Fund Receiving Endowment Gift		
Certification of Taxpayer: Under penalties of perjury, I certify that I have examined this application, including all accompanying documents and statements, and to the best of my knowledge and belief, the facts and figures presented in this application are true and correct, and that I intend to make an endowment gift as described in this application.					
By: _____ Signature of Taxpayer or Authorized Representative      Date: _____      Printed Name _____					
Certification of Community Foundation: I hereby certify that our foundation is a qualified community foundation under the Endow Mississippi Program, that the donation listed above is being or will be made to a fund intended to exist in perpetuity that qualifies under the Program, that any funds generated from this endowment fund will be used for the benefit of a cause or causes within the state of Mississippi, and that the facts and figures presented in this application are true and correct. I agree that I will provide access to records relative to this application to the Alliance and MS Department of Revenue upon request.					
By: _____ Chief Executive Officer or Designee      Date: _____      Printed Name _____					
THIS APPLICATION HAS BEEN REVIEWED BY THE MISSISSIPPI ALLIANCE OF NONPROFITS AND PHILANTHROPY, AND THE ALLIANCE HEREBY <input type="checkbox"/> APPROVES <input type="checkbox"/> DOES NOT APPROVE THIS APPLICATION FOR AN ENDOW MISSISSIPPI TAX CREDIT.					
By: _____ Ellen Collins, Executive Director				\$ _____ Amount of Tax Credit Awarded	